SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO: Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138 Bayfield County

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp Paleived)
SEP 72-7175

SEP 02-20%

Permit #: Date:

Refund:

Bytield Co. Zenting Dept.

Amount Paid: 3 1115 名は

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. TYPE OF PERMIT REQUESTED- | | LAND USE Authorized Agent: (Person Signing Application on behalf of Owner(s)) 83875 White Buch ddress of Prop X33/12 PROJECT LOCATION NE 1/4, Section 7 10 Legal Description: ☐ Is Property/Land within 300 feet of River, Stream Creek or Landward side of Floodplain? If yes-, Township MOKAS 1/4 50 N, Range 2 (Use Tax Statement) Gov't Lot B Lot(s) SANITARY | PRIVY 00 City/State/Zip: 82875 whitebuch Contractor Phone: Mailing Address ٤ Agent Phone: 17. D Town of: Intermittent) Celina 末 ☐ CONDITIONAL USE ATTO élumber: 16 (00° G_{DDD} Agent Mailing Address (include City/State/Zip): Distance Structure W, Wing City/State/Zip: YORK. 52865 Block(s) No. e is from Shoreline : Wing SPECIAL USE Volume Lot Size Subdivision: Recorded Document: (i.e. 1001 548ES Is Property in Floodplain Zone? □ в.о.А. Telephone: 715-774 Cell Phone: Written Authorization Attached Plumber Phone: i.e. Property Ownership)
Page(s) 2 /6 Acreage /.34 OTHER Are Wetlands
Present?

Pes
No 3601

Proposed Construction	Existing Str						Value at Time of Completion * include donated time & material			
Onstruction:	Existing Structure: (If permit being applied for is relevant to it)		[""]	Property	☐ Run a Business on	☐ Relocate (existing bldg)	☐ Conversion	□ Addition/Alteration	New Construction	me ion Project e &
	for is relevant to it)			☐ Foundation	□ No Basement	☐ Basement	□ 2-Story	☐ 1-Story + Loft	☑ 1-Story	# of Stories and/or basement
Length: シン	Length:							▼ Year Round	☐ Seasonal	Use
<i>\(\)</i>		The state of the s			以 None		3	2	יין	# of bedrooms
Width: / 2	Width:		□ None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	☐ Sanitary (Exists) Specify Type:	☐ (New) Sanitary Specify Type:	Municipal/City	What Type of Sewer/Sanitary System is on the property?
Height: //	Height:				ontract)	ulted (min 200 gallon)	cify Type:	cify Type:		ype of ary System roperty?
				•				□ Well	\$City	Water

Shoreland

☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue

If yes--continue ->

Distance Structure is from Shoreline:

) No

Proposed Use	۲	Proposed Structure	o l	Dimensions	Square Footage
		Principal Structure (first structure on property)		x)	
		Residence (i.e. cabin, hunting shack, etc.)	,,,,,,,,	×	The state of the s
		with Loft	_	×	
Residential Use		with a Porch		×	
		with (2 nd) Porch	_	×	
		with a Deck		×	
		with (2 nd) Deck	_	×	
Commercial Use		with Attached Garage		×	
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	_	×	
		Mobile Home (manufactured date)	_	×	The state of the s
		Addition/Alteration (specify)	_	×	
	₽3	Accessory Building (specify)		×	
-		Accessory Building Addition/Alteration (specify)		12×26)	3/2
				-	2.
HEC O TOT ISSUATION		Special Use: (explain)	_	х.	- Contraction
3		Conditional Use: (explain)	^	×	- Language of the Control of the Con
		Other: (explain)	-	×	· · · · · · · · · · · · · · · · · · ·
		- International Control of the Contr			

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Attach
Copy of Tax Statement
f you recently purchased the property send your Recorded Deed Date FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

TIME) TECETAR THAT THIS application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable ting for the purpose of inspection.

Owner(s): Energy Owners listed on the Deed Alfowners must sign or letter(s) of authorization must accompany this application)

Date

N

12015

merchan purpose

Authorized Agent:

Address to send permit

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

		Feet	Setback to Privy (Portable, Composting)
		Feet	Setback to Drain Field
Feet	Setback to Well	Feet	Setback to Septic Tank or Holding Tank
Feet	Elevation of Floodplain	57 Feet	Setback from the East Lot Line
☐ Yes ☐ No	20% Slope Area on property	<i>り6</i> つ Feet	Setback from the West Lot Line
Feet	Setback from Wetland	クタウ Feet	Setback from the South Lot Line
		CO Feet	Setback from the North Lot Line
Feet	Setback from the Bank or Bluff		
Feet	Setback from the River, Stream, Creek	Feet	Setback from the Established Right-of-Way
Feet	Setback from the Lake (ordinary high-water mark)	37 Feet	Setback from the Centerline of Platted Road
Measurement	Description	Measurement	Description

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		intary pate:
Permit Denied (Date):	Reason for Denial:	
Permit # 15-0331 Per	Permit Date: 9-11-5	
Is Parcel a Sub-Standard Lot Sparcel in Common Ownership Structure Non-Conforming Yes (Fused/Configuous Lot(sparcel))	XNo Mitigation Required	Affidavit Required ☐ Yes \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Granted by Variance (B.O.A.) ☐ Yes □ No Case #:	Previously Granted by Variance (B.O.A.) (2) Yes (1) No Case #:	
Was Parcel Legally Created Yes □ No Was Proposed Building Site Delineated Yes □ No	Were Property Lines Represented by Owner - Tye Was Property Surveyed - Ye	Yes DNO
Inspection Record:	Zonin Lakes	Zoning District $(\mathcal{K}\mathcal{H})$ Lakes Classification $(\mathcal{K}\mathcal{H})$
Date of Inspection: $Q=/(b-)$ Ins	Inspected By: CLOTHING MUCH Date	Date of Re-Inspection:
Condition(s):Town, Committee or Board Conditions Attached? The I wo -(If No they need to be attached.) FullDit Mark Appears Free HAMTH-	Sition(s):Town, Confinitee or Board Conditions Attached? The No-(If No they need to be attached.) RUDIT Not HOPENTO FOR FOR HANTATON ON.	STEPPE
Tulpotts 1		
Signature of inspector:		Date of Approval:
Hold For Sanitary	Hold For Affidavit:	

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138 SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:

APPLICATION FOR PERMIT

Dane Stamp (Secrityed) 02 2015

Bayfield Co. Zoning Dept.

ENTERED Refund: Permit #: Amount Paid: SI-11-6 SOIB

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

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Secretarial (Tive) acrise that this above am (are) responsible for the may be a result of Bayfield above described ground above described ground above described ground (If there are Multiple	SEP 1 1 2015	Municipal Use	Commercial Use	Residentialtose	Proposed Use	Construction:	* include donated time & material	lland land		PROJECT LE LOCATION LE	Contractor: Authorized Agent: (Person	TYPE OF PERMIT REQUESTED- Owner's Name: PCH2+ WI Address of Property: Address of Property:
FAILURE TO BTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENJ Tribution including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, the detail and accuracy of all profyration is wished part of the intervention of the properties of the properties of the providing and that it will be relied upon by Bayfield County in determining whether purply of inspection with a properties of the purply of inspection. I (we) consent to county officials charged with a properties of the purply of inspection	Sudice Special Use: (explain)		with (2 nd) Porch with a Deck with (2 nd) Deck with Attached Garage Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, Mobile Home (manufactured date)	Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch	11600000	version cate (existing bidg) a Business on perty perty prity prity	and/or basement ☐ New Construction ☐ 1-Story ☐ Addition/Alteration ☐ 1-Story + Loft	□ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue Project # of Stories Hep	Township N, Range O	ion: (Use Tax Statement) Gov't Lot G	Contractor: Contractor: Authorized Agent: (Person Signing Application on behalf of Owner(s)) Authorized Agent: (Person Signing Application on behalf of Owner(s))	ALL PERMITS HAVE BEEN ISSUE ALL PROPERTY OF THE PROPERTY OF T
PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES long has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and acress and the properties of the correct and acress and the properties of the providing in or with this application. I (we) consent to county officials charged with administ across a cross and the providing in or with this application. I (we) consent to county officials charged with administ across a county of the providing in or with this application.			75, or []	ng shack, etc.)	Proposed Structure	Le ei	bed Seasonal Year Round		W 20 P-1	CSM Vol & Page Cot(s) No. Town of: PIN: (23 digits) CSM Vol & Page Cot(s) No.	actor Phone: ROS-3X 3 Phone:	DPRIVY DONDITION DESCRIPTION D
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ocomplete. I (we) acknowledge that I (we) permit. I (we) further accept liability which g county ordinances to have access to the late.) /160			Square Footage		Z City ☐ Well		ty in Are Wetlands	Document: (i.e. Property Ownership)	Plumber Phone: Written Authorization Attached Yes No	Telephone: Cell Phone:

Attach
Copy of Tax Statement
If you recently purchased the property send your Records

Date

Authorized Age

mok at)

signing of behalf of the owner(s) a letter of authorization must accompany this application)

	2			2:
Hold For Sanitary:	Was Proposed Bu Inspection Record: Resylvation: Date of Inspection: Condition(s):Town, SHARU SHARU SIgnature of Inspec	Formit Denied (Date): Permit #: 5- Is Parcel a Sub-S Is Parcel in Common Is Structure Non-Is Structure Non-Is Granted by Variance Granted by Variance	Please Please Please Please Please Please Setback fi	
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<u>Draw or Sketch your Property (regardless of what you are applying for)</u>

reld County, WI

